

EXHIBIT B

Karim Kabbara

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INVOICE

To: BU Medical Campus
Doreen Nicastro
Training & Communication Director
715 Albany St
A301, Boston, MA, 02118

INVOICE DATE	INVOICE NO.	SERVICE PROVIDER	VENDOR (OUR) NO.	TERMS
12/7/1998	0002	N/A	2	N/A

LINE ITEM	DESCRIPTION	HOURS	RATE	AMOUNT
1	Travel	4		
2	Analysis	3		
3	Testing	2		
4	Screen designs	4		
TOTAL DUE				

Mak all checks payable to: Karim Kabbara

THANK YOU FOR YOUR BUSINESS!